



Government of the District of Columbia  
Department of Health



Health Regulation  
& Licensing Administration

**APPLICATION FOR CHILD PLACING AGENCY LICENSE**

(PLEASE PRINT or TYPE)

**Part I.**

Name of Agency:	Agency Telephone No: (    ) Agency Fax No: (    )
DC Agency Location:	
Corporate Name:	Corporate Phone No: (    ) Agency Fax No: (    )
Corporate Location:	

**Part II.**

Executive Director:	Home Address:	Telephone No: (    )
Social Security Number	Highest Level of Education Completed:	Email Address:

**Signature:** *(Include Maiden Name, If Applicable)*

**Date:** \_\_\_\_\_

\_\_\_\_\_  
(Executive Director)

**Part III.**

Name of Applicant:	Social Security Number:	Home Telephone No. of Applicant
Home Address of Applicant:	Relationship of Applicant(s) to Child Placing Agency:	

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
(President of Board)

(ALL Signatures above indicate that I have received, read, and understood DCMR 29, Chapter 16, Standards of Placement, Care and Services of the Child Placing Agencies Regulations)

**Return to:** Department of Health-Health Regulation Licensing Administration-Intermediate Care Facilities Division-P.O. Box 37804  
Phone: (202) 724-8800 Fax: (202) 442-9430

**REPORT FRAUD, WASTE, AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General's website at [oig.dc.gov](http://oig.dc.gov).